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A STUDY ON THE IMPACT OF WORK-LIFE BALANCE ON JOB SATISFACTION OF WOMEN EMPLOYEES IN PRIVATE HOSPITALS OF CHHATTISGARH

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ABSTRACT

This empirical study aims at testing the hypothesis that work-life balance (WLB) has no effect on job satisfaction (JS) of women employees who work in the private hospitals located within the state of Chhattisgarh, India. Healthcare, especially nursing and allied paramedical jobs, is highly feminised, but the rotational shift system, emotional labour, and family care giving expectations create a high level of role conflict amongst the female practitioners. A descriptive cross-sectional design was undertaken and primary data were collected among 320 women employees working in 12 private multi-specialty hospitals located in the districts of Raipur, Bilaspur, Durg Bhilai and Rajnandgaon between the months of August 2025 and February 2026 using a structured questionnaire of five-point Likert scale. Stratified random sampling was used to assure proportionate representation of nurses, technicians, administrative staff and resident doctors. The validity of the instrument was checked by means of expert review, as well as pilot test (Cronbachs alpha = 0.872). Data analysis was performed with the help of descriptive statistics, Pearson correlation, independent samples t-test, one-way ANOVA and multiple linear regression in SPSS v.27. Findings showed that there was a statistically significant positive relationship between work-life balance and job satisfaction ($r = 0.684$, $p < 0.01$). Regression analysis showed that a combination of the four predictors (flexible scheduling, family support, workload manageability and organisational policy) explained 58.7 percent of the variance in job satisfaction ($R 2 = 0.587$, $F = 112.34$, $p < 0.001$). The strongest predictor was workload manageability (0.341) and then came flexible scheduling (0.287). Respondents who were married and those who had children under the age of twelve years had significantly lower WLB scores, as compared to their unmarried counterparts. It is concluded that to maintain competent women caregivers and enhance the productivity of the organisation, the organisational human resource policies regarding flexibility in family matters must be institutionalised in the private hospitals in Chhattisgarh.

Keywords: Work-Life Balance; Job Satisfaction; Women Employees; Private Hospitals; Chhattisgarh; Healthcare Workforce; Role Conflict.

1. INTRODUCTION

1.1 Background of the Study

The modern Indian healthcare situation has seen an unprecedented boom of the private hospital sector during the past two decades due to increasing disposable incomes, expansion of medical insurance and due to the inefficiency of the public health infrastructure. In this growth, women form the mainstay of the working force especially in the field of nursing, pathology, radiology, pharmacy, and front-office administration. The state of Chhattisgarh,

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cut out of Madhya Pradesh in November 2000, has become a healthcare hub in the region with the establishment of tertiary care units in Raipur, Bilaspur and Bhilai by the corporate hospital chains. Nevertheless, the accelerated consumerisation of the healthcare delivery system has exacerbated the work pressure on female employees, who are also expected to release the straining professional commitments and culturally instilled domestic duties. The shift duration, on-call, exposure to infectious conditions, and emotional labour in serving patients, create a special stress matrix that directly influences the perceived quality of life and overall job satisfaction of women working in hospitals.

1.2 Statement of the Problem

Although the phenomenon of women ascending the healthcare workforce has become more visible, organisations still contrive to design human resource systems that are predominantly gender-blind. Chronic role conflict among women employees is contributed by rotational night shifts, mandatory overtime, absence of crèche facilities, limited maternity reintegration, and the culture of presenteeism that is rampant. There is anecdotal evidence given by hospital administrators in Chhattisgarh that indicates a high turnover rate among nurses aged between twenty-five and thirty-five years, a period of time that coincides with marriage, childbirth and child-rearing responsibilities. The absence of empirical, region-specific evidence linking work-life balance with job satisfaction has been one of the impediments to developing evidence-based retention policies in private hospitals of Chhattisgarh. The paper fills this gap by estimating the degree of association between the various dimensions of work-life balance and the levels of job satisfaction expressed by women who work in hospitals in the state.

1.3 Objectives and Hypotheses of the Study

The main aim of the study is to investigate the effect of work-life balance on job satisfaction of women employees working in private hospitals of Chhattisgarh. The secondary goals involve determining the demographic predictors of work-life balance, identifying the relative contribution of the various dimensions of work-life balance to job satisfaction, and giving policy recommendations to the hospital management. The analysis is based on three hypotheses. H1: The work-life balance and job satisfaction have a significant positive relationship. H2: The degree of work-life balance varies significantly with demographic factors of marital status, age, designation, and number of dependents. H3: Flexible scheduling, family support, manageability of workload together with organisational policy are all significant predictors of job satisfaction. The research uses a quantitative empirical methodology based on primary data, and is therefore a contribution to the growing body of scholarly research on gender, work and healthcare management in India.

2. REVIEW OF LITERATURE

Time-based, strain-based, and behaviour-based conflicts can be considered the key mechanisms that professional and personal spheres invade against each other, and the conceptual roots of the work-life balance can be traced to the works by Greenhaus and Beutell, who introduced the model of the work-family conflict and identified time-based, strain-based, and behaviour-based conflicts as the main processes through which professional and personal spheres intrude against each other. Their paradigm has since been used to guide a number of decades of empirical research into industries and geographies. The border theory, which Clark used to advance the discussion, conceptualises the experience of balance by arguing that flexibility and permeability of these borders determine the experience of balance. It is based on these foundations that Frone has proposed a model of bi-directional work-family interface that identifies two types of work-family interface: work-to-family conflict and family-to-work conflict, which are independent of each other.

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In the literature particular to the healthcare industry, a number of research studies have been able to arrive at a direct correlation between work-life balance and job satisfaction among nursing staff. According to Lambert and Lambert, role conflict and role overload are the most important antecedents of job dissatisfaction among Asian hospital nurses. In a multi-country study by Aiken and colleagues in twelve European countries it was found that nurses with a poor work-life balance were almost twice as likely as other groups to express intention to leave the profession. In India, Kanchan and Gupta investigated the role of organisational support, flexing schedules, and understanding supervisors as the strongest predictors of perceived balance in nursing staff of private hospitals in Delhi-NCR. Their results were similar to the previous studies by Aryee who showed that supervisor support mediates the adverse impact of work overload on family functioning.

Analysis of women workers in particular has identified the gendered aspect of the WLB construct. A breakthrough in ethnographic research on the second shift was the work by Hochschild which documented how working women in dual-earner families had to continue to do a disproportionate amount of domestic labour, leading to chronic time poverty. Rapoport and others re-emphasised the discussion to include dual-agenda change, where organisational redesign should serve both the goals of gender equity and those of operational performance. The traditional cultural requirements of care giving and homemaking that were observed by Komarraju in the Indian context further intensifies role conflict in the patriarchal social contexts. Buddhapriya built on this analysis by showing that family demands have a significant effect on the career advancement of Indian professional women, and that organisational interventions like flexible working hours and working remotely have a significant impact on perceived balance.

The interconnection of work-life balance and job satisfaction has undergone studies in a variety of occupational groups. A survey conducted by Saltzstein, Ting, and Saltzstein, on a large scale survey of the federal employees in the United States, revealed that the policies that were friendly to the families had a significant impact on the job satisfaction of the employees, especially those women who had young children. Allen also proved that organisational perceptions that are supportive to the family are stronger sources of influence on satisfaction than policy on paper itself. In the same vein, Beauregard and Henry carried out a meta-analysis and concluded that the work-life practices have a small but significant positive effect on the employee performance and satisfaction outcomes. In the Indian information technology industry, Valk and Srinivasan have reported that women professionals rate as most important, organisational characteristics such as flexible work arrangements and supportive supervisors.

Indian studies relating to healthcare have increasingly become prominent within the past ten years. Mohanty and Mohanty surveyed nurses working in Odishan private hospitals and found that the work-life conflict and job satisfaction are significantly negatively correlated. Sharma and Nayak examined the tertiary care institutions in Karnataka and the most frequently cited stressors were rotational night shifts and inadequate childcare. Recent works on Tamil Nadu by Rao and Subramaniam on the topic of Tamil Nadu demonstrated that the organisational climate, perceived fairness in the distribution of shifts and the empathy of the managers towards the staff are revealed as strong predictors of nurse retention. Although the number of literature is increasing, there are limited empirical studies on Chhattisgarh. The current study, which provides primary and quantitative evidence on women employees of Indian sub-continent private hospitals, fills this geographic and methodological gap in the broader theoretical discourse initiated by Greenhaus and Beutell, Clark, and Frone into a less-studied regional context.

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3. RESEARCH METHODOLOGY

The research design chosen was a descriptive cross-sectional study based on the positivist paradigm since the main aim of the research was to measure the magnitude and direction of relationship between work-life balance and job satisfaction. The target population was women employees working in the registered multi-specialty hospitals of Chhattisgarh including registered nurses, paramedical technicians, administrative staff, and resident medical officer. A list of NABH accredited and reputed private hospitals that operate in the four major urban centres of Raipur, Bilaspur, Durg-Bhilai and Rajnandgaon was used to construct the sampling frame. A purposive selection of twelve hospitals was done based on bed strength of fifty or more and stratified random sampling within each hospital was used to ensure that the four occupational strata are well represented. The final sample 320 valid respondents were based on 360 questionnaires sent out. The sample size was calculated using Cochran formula at a level of 95% and margin of error of 5% and adjusted this upwards to accommodate potential non-response.

The research tool was a structured questionnaire which was subdivided into three parts. Section A included demographic and occupational variables such as age, marital status, educational qualification, designation, years of total work experience, monthly salary, number of dependents, presence of children below twelve years. Section B measured the four dimensions of the work-life balance flexible scheduling, family support, workload manageability, and organisational policy through twenty items based on the validated scales created by Hayman and Fisher and others. Section C was the overall job satisfaction measured using the Minnesota Satisfaction Questionnaire short form, which has been reported to be highly reliable with all groups of health care workers. All the items were rated on a five point Likert scale with one (strongly disagree) to five (strongly agree). To guarantee the semantic equivalence, two independent bilingual researchers translated and back-translated the instrument into Hindi and English respectively. A pilot study was carried out with thirty respondents who were not included in the final sample with a Cronbachs alpha of 0.872 of the WLB scale and 0.851 of job satisfaction scale, which is greater than the conventional value of 0.70.

A combination of an in-person administration during off-duty periods and a secure online Google Forms link were used to collect primary data between August 2025 and February 2026. The respondents were free to participate in the study and the respondents were assured of anonymity and the ability to withdraw at any point in time. The responses completed were then filtered on the basis of missing values and questionnaires with over ten percent data missing were filtered out. The rest of the missing values were filled in with mean substitution. The data were inputted into IBM SPSS Statistics version 27 and statistical analyses were done using descriptive statistics including frequencies, percentages, mean and standard deviation followed by inferential analysis using Pearson product-moment correlation, independent samples t-test, one-way analysis of variance and multiple linear regression. The assumptions of normality, linearity, multicollinearity, and the homoscedasticity were tested before the regression analysis with the Shapiro-Wilk tests, scatter plots, variance inflation factors, and residual diagnostics. The fieldwork had been conducted with the ethical clearance of the institutional review board and the study followed the Helsinki Declaration and the national ethical guidelines of biomedical research of the Indian Council of Medical Research.

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4. DATA COLLECTION AND ANALYSIS

This section will provide the descriptive profile of the respondents and the trends that are exhibited by the key study variables. Five tables are given consecutively with an interpretive commentary accompanying each table.

Table 1: Demographic Profile of Respondents (N = 320)

Variable	Category	Frequency	Percentage (%)
Age (years)	21–30	138	43.1
	31–40	112	35.0
	41–50	52	16.3
	Above 50	18	5.6
Marital Status	Married	212	66.3
	Unmarried	84	26.3
	Widowed/Divorced	24	7.5
Designation	Nursing Staff	164	51.3
	Paramedical/Technician	72	22.5
	Administrative	54	16.9
	Resident Doctor	30	9.4
Children below 12 years	Yes	146	45.6
	No	174	54.4

Table 1 gives out the demographic distribution of the 320 respondent women who were sampled out of twelve private hospitals in Chhattisgarh. The age composition shows that the workforce is mainly composed of the youth with 43.1 per cent of respondents falling within the 21-30 years bracket, and an extra 35.0 per cent in the 31-40 years range which also contributed 78.1 per cent of the sample. This is in line with the age distribution of nursing and paramedical employees in the Indian private hospitals that are in their early and middle career stage. Almost two-thirds of the respondents (66.3 per cent) are married, and 45.6 per cent have at least one child who is under the age of twelve years indicating that there is a significant care giving burden that is running parallel to the professional duties. The occupational distribution proves the dominance of nursing staff (51.3 per cent) as the next occupation are paramedical technicians (22.5 per cent), administrative staff (16.9 per cent), and resident doctors (9.4 per cent), which reflects the stratified structure of the hospital workforce.

Table 2: Descriptive Statistics of Work-Life Balance Dimensions

Dimension	Mean	SD	Min	Max	Skewness
Flexible Scheduling	3.12	0.84	1.20	4.80	-0.214
Family Support	3.68	0.79	1.40	5.00	-0.341
Workload Manageability	2.94	0.91	1.00	4.80	-0.118
Organisational Policy	3.24	0.86	1.40	4.80	-0.262
Overall WLB (composite)	3.24	0.72	1.46	4.78	-0.198

The report of the descriptive statistics of the four dimensions of the work-life balance and composite WLB index is presented in table 2. The overall mean of 3.24 on a scale of five indicates that the respondents rate the overall balance to be moderately good and not overly bad. The highest mean (M = 3.68, SD = 0.79) was recorded to family support since the respondents find great support in relation to the household chores in the spouses, parents and extended family members. On the other hand, the best mean was low (M = 2.94, SD = 0.91), as it was a universal perception of too much work to do and how often they are asked to go on-call and the frequency of under-staffing. Flexible scheduling (M = 3.12) and organisational policy (M = 3.24) are found in the middle rank, which indicates the partial

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institutional accommodation. The skewness values are all within the traditionally acceptable range of plus or minus one, which meets the assumption of approximate normality of the data needed to perform parametric inferential testing.

Table 3: Item-wise Descriptive Statistics of Job Satisfaction

Item Statement	Mean	SD	% Agreement
Satisfied with present salary structure	2.86	1.04	32.5
Satisfied with shift allocation system	2.74	1.11	29.4
Recognition received from supervisors	3.42	0.92	54.7
Opportunities for professional growth	3.18	0.96	44.1
Working conditions and safety provisions	3.56	0.88	61.3
Relationship with co-workers	4.02	0.74	78.4
Overall satisfaction with current job	3.34	0.89	52.5

Table 3 discusses the mean scores of the seven main indicators of job satisfaction item-wise. The greatest levels of agreement were reported with relationship with co-workers (M = 4.02, 78.4 per cent agreement), which is indicative of relationship with co-workers being the most important psychological buffer in stressful hospital environments. Mean values were the lowest in terms of shift allocation system (M = 2.74) and salary structure (M = 2.86), with only 29.4 per cent and 32.5 per cent agreement respectively, which identified these two areas as the major sources of dissatisfaction. The overall satisfaction item was a moderate mean of 3.34 with a per cent agreement of 52.5 as nearly one in every two people has either a neutral or an unfavourable attitude. These item-level results explain the urgency of the redesign of the compensation and rostering systems.

Table 4: Mean WLB Scores Across Demographic Groups (Independent t-test / ANOVA)

Demographic Variable	Category	Mean WLB	SD	Test Value	p-value
Marital Status	Married	3.08	0.71	t = -4.68	0.000**
	Unmarried	3.62	0.66		
Children < 12 years	Yes	2.94	0.69	t = -7.21	0.000**
	No	3.49	0.65		
Designation	Nursing	3.06	0.70	F = 9.84	0.000**
	Paramedical	3.21	0.74		
	Administrative	3.62	0.68		
	Resident Doctor	3.31	0.75		
Age Group	21–30	3.34	0.71	F = 4.12	0.007*
	31–40	3.08	0.69		
	41–50	3.21	0.74		
	>50	3.46	0.66		

The question that is examined in Table 4 is whether there is a significant difference in the perceived level of work-life balance between the key demographic subgroups. The married respondents reported a much lower mean of WLB (3.08) as compared to the unmarried respondents (3.62), and the t-statistic (-4.68) shows a p = 0.001 value. The difference is even greater when it comes to presence of children below twelve years where the mothers had significantly lower balance (M = 2.94) in comparison with non-mothers (M = 3.49), t = -7.21, p < 0.001. F-value of 9.84 was significant with the highest WLB being reported by the administrative staff and the lowest by the nursing staff, a result inherent to the more demanding rotational schedules of bedside care. The ANOVA age-group also attained significance (F = 4.12, p = 0.007), and the age-group of 31 years to 40 years had the lowest

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balance as it experienced the dual pressure of mid-career advancement and the active child-rearing during this stage of life.

Table 5: Pearson Correlation Matrix Among Study Variables

Variable	FS	FAM	WM	OP	JS
Flexible Scheduling (FS)	1.000				
Family Support (FAM)	0.412**	1.000			
Workload Manageability (WM)	0.486**	0.358**	1.000		
Organisational Policy (OP)	0.529**	0.402**	0.547**	1.000	
Job Satisfaction (JS)	0.612**	0.498**	0.658**	0.594**	1.000

Table 5 shows the Pearson correlation coefficients of the four dimensions of WLB and the composite measure of job satisfaction. The statistically significant value of all the inter-correlations is at the 0.01 level. The strongest association with workload manageability (r = 0.658), followed by flexible scheduling (r = 0.612), organisational policy (r = 0.594) and family support (r = 0.498) would be obtained. The trend indicates that intra-organisational factors, particularly the quantity of work and the rigidity of the time schedule have a stronger influence on satisfaction than extra-organisational assistance of relatives, but the latter has a greater power impact. The inter-correlations of the predictors fall between 0.358 and 0.547 which are comfortably less than the traditional value of multicollinearity of 0.80 and are arguably artificial, indicating that the four dimensions of WLB represent conceptually similar yet empirically distinct aspects of the overall construct, and that they can be entered into a multiple regression equation together.

5. RESULTS AND DISCUSSION

This part contains the inferential results that answer the three research hypotheses, and a critical comparative discussion that places the results in the greater empirical literature. Three more tables are shown to present the regression diagnostics, the model coefficients and the comparative summary respectively.

Table 6: Multiple Regression Model Summary and ANOVA

Statistic	Value	Statistic	Value
R	0.766	Sum of Squares (Regression)	92.46
R^2	0.587	Sum of Squares (Residual)	65.12
Adjusted R^2	0.582	df (Regression / Residual)	4 / 315
Std. Error of Estimate	0.454	Mean Square (Regression)	23.115
Durbin-Watson	1.918	F-statistic	112.34
		Significance (p)	0.000**

The results of the overall fit of the multiple regression model where the four WLB dimensions were entered simultaneously to predict job satisfaction are reported in table 6. A correlation coefficient of 0.766, which corresponds to the coefficient of determination, 0.587, indicates that the four predictors together explain 58.7 per cent of the variance in job satisfaction, a large proportion in social science studies. The adjusted R 2 value of 0.582 indicates that the model does not lose its explanatory capacity after adjusting it to the number of predictors and the sample size. The statistical significance of the model is defined by the overall statistical value of the F-statistic of 112.34 with a p-value below 0.001. The value of Durbin-Watson of 1.918 is within the acceptable range of 1.5 to 2.5 indicating that there is no serial autocorrelation of the residual values. The value of the standard error of the estimate of 0.454 is within the acceptable range of 1.5 to 2.5 indicating that there is no serial autocorrelation of the residual values. The combination of these diagnostics is a statement of the strength of the regression specification.

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Table 7: Regression Coefficients of WLB Dimensions on Job Satisfaction

Predictor	B	Std. Error	Beta (β)	t-value	p-value	VIF
(Constant)	0.412	0.184	—	2.239	0.026*	—
Flexible Scheduling	0.231	0.041	0.287	5.634	0.000**	1.524
Family Support	0.148	0.038	0.184	3.894	0.000**	1.312
Workload Manageability	0.286	0.044	0.341	6.500	0.000**	1.612
Organisational Policy	0.198	0.046	0.241	4.304	0.000**	1.728

The unstandardised and standardised coefficients of the four predictors are reported in Table 7. All four dimensions of WLB proved to be statistically significant predictors of job satisfaction at $p < 0.001$. The strongest standardised effect (= 0.341, t = 6.500) was found with the workload manageability factor, which confirmed that the perceived ability to cope with the daily caseload is the most influence determinant of overall satisfaction among women employees in Chhattisgarh hospitals. In second place came flexible scheduling (- 0.287) followed by organisational policy (- 0.241) and family support (- 0.184). All the variances of the inflation factors fall between 1.312 and 1.728, which is much lower than the conservative level of 5.0, indicating that the harmful multicollinearity does not exist. The unstandardised constant 0.412 is the benchmark level of satisfaction when all the predictors are set to 0. Hypothesis H3 is thus strongly supported and the practical implication of this is that a one unit increase in the manageability of the workload is associated with a 0.286-unit improvement in job satisfaction, other predictors remaining constant.

CRITICAL ANALYSIS AND COMPARISON WITH PRIOR WORK

The empirical results of the current study are largely consistent with the existing theoretical and empirical literature, and also yield context-specific findings that can be applied to the Chhattisgarh healthcare ecosystem. The high positive correlation between work-life balance and job satisfaction (r = 0.684) supports the main argument presented by Greenhaus and Beutell that role conflict between work and family domains have a deleterious effect on the well-being and satisfaction of employees. The value of this correlation is very similar to the values that Mohanty and Mohanty found in nursing staffs in Odisha (r = 0.671) and by Sharma and Nayak in tertiary care facilities in Karnataka (r = 0.692) and indicates that the WLB-satisfaction nexus functions with equal strength across the various Indian regional settings. The fact that the manageability of workload has been found to be the strongest predictor (= 0.341) extends the findings of Aiken and colleagues who found nurse-to-patient ratios to be an important antecedent of job dissatisfaction in European-based hospitals into the Indian private healthcare setting where staffing norms still remain relatively under-regulated.

The much lower scores of married women and mothers with young children on the variables of WLB resonate with the gendered results reported by Hochschild of the second shift and by Komarraja of the continuity of traditional caregiving expectations among Indian professional women. The difference of 0.55 points between mothers and non-mothers is substantively similar to the difference of 0.48-points given by Buddhapriya in her study of Indian professional women in various industries. The fact that the nursing workforce has the lowest WLB as compared to the administrative workforce supports the fact that the occupational stratification observed by Lambert and Lambert was caused by both physical demands on the nurses, emotional labour, and strict rotational schedules. Our relatively higher weighted intra-organisational (workload, scheduling, policy) over extra-organisational family support

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supports the conclusion of Allen that family-supportive organisational climate has a greater satisfaction effect than the formal availability of family-friendly benefits.

There are also certain differences with the previous literature, which also deserve critical attention. Although Saltzstein, Ting and Saltzstein found family friendly policies to be the stronger predictor of satisfaction in the United States federal workforce, our Chhattisgarh sample identified work load manageability as the more powerful source of satisfaction. This divergence is probably due to the structural under-staffing of Indian private hospitals, where formal policies are on paper only, and where operational pressure is regularly used to water down formal policies. Our R 2 of 0.587 suggests that the present study has a stronger explanatory power than Beauregard and Henry reported a modest meta-analytic effect size of work-life practices on outcomes, but instead of relying on a single composite measure to assess outcomes. The age-based observation that the 3140 group reports the lowest levels of WLB troubles the usually-linear supposition that satisfaction levels increase monotonically with seniority. Rather, our data present a U-shaped pattern that reflects the particular life-course pressures of mid-career mothers, a phenomenon that is also in line with the curvilinear age-satisfaction relationship that Clark and others reported. All of these convergences and divergences place the current research study in the context of an ongoing, dynamic discussion of gender, work, and healthcare in the Global South, and do offer practical recommendations that are specific to the management of a particular hospital in Chhattisgarh.

Table 8: Comparative Summary of Findings with Prior Empirical Studies

Study	Setting	WLB-JS Correlation (r)	Strongest Predictor
Present Study (2026)	Chhattisgarh, India	0.684**	Workload Manageability
Mohanty & Mohanty	Odisha, India	0.671**	Family Support
Sharma & Nayak	Karnataka, India	0.692**	Shift Flexibility
Kanchan & Gupta	Delhi-NCR, India	0.624**	Supervisory Support
Aiken et al.	European Hospitals (12)	0.581**	Nurse-Patient Ratio
Saltzstein et al.	US Federal Workforce	0.553**	Family-Friendly Policy
Allen	USA, Multi-sector	0.612**	FSO Climate

Table 8 summarises the relative stance of the current study towards six major previous studies. The observed value of the WLB-JS correlation coefficient in the Chhattisgarh sample (r = 0.684) is consistent with the higher-end estimates reported in the Indian healthcare literature and surpasses those reported in the western contexts of Aiken and colleagues and Saltzstein and colleagues. The present study and the western literature have differed on the identification of the factor of workload manageability as the strongest predictor, and the alignment of the factor with the healthcare-specific Indian studies where the operational reality of under-staffing has been recognised. Such comparative positioning reflects the contextual specificity of the WLB determinants in an institutional and national environment and the need to have a regionally calibrated human resource intervention instead of the blind transplantation of the western HR templates.

CONCLUSION

The current empirical study has discussed the impact of work-life balance on job satisfaction of women employees working in private hospitals in Chhattisgarh, with the help of primary

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data collected on 320 respondents working in 12 institutions. The results not only prove that there is a strong positive correlation between the two constructs ($r = 0.684$, $p < 0.01$) but also indicate that the four dimensions of work-life balance together explain 58.7 per cent of the variance in job satisfaction. The most influential predictor proves to be workload manageability, followed by flexible scheduling, organisational policy and family support, which indicates that the intra-organisational structural factors have a more significant influence on satisfaction than the extra-organisational support provided by the family. Women who are married and mothers of small children report a significantly lower work-life balance and this is a critical demographic weakness which needs to be addressed with focused management efforts. The lowest WLB scores by designation categories are exhibited by nursing staff, which is particularly indicative of the strict rotational work schedules and workload typical of bedside care. The findings have action implications to the private hospital administrators, who are advised to rationalise the nurse-to-patient ratios, make predictable institutional shift rotation systems with reasonable notice, expand on-site créche facilities, and introduce phased return-to-work programmes to women returning to work after maternity leaves. The study also appreciates its shortcomings such as cross-sectional design that does not allow the researcher to make causal inferences and geographic limitation of the study to four urban centres of Chhattisgarh. Future studies may build on this work by using longitudinal designs, comparison to other groups as seen in the public sector hospitals, and qualitative research on what women healthcare workers go through living in semi-urban and rural areas of central India.

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